

Campaign Finance Report

Ethics ID Number

Short Form ETHCF-2a

☐ Spring ☐ Fall ☐ Special ☐ Pre-Primary ☐ Continuing Report due Jan. 15, ☒

☐ Spring ☐ Fall ☐ Special ☐ Pre-Election ☐ Continuing Report due July 15, ☐

☐ Continuing Report due 4th Tues Sept., ☐

Name of Candidate or Committee (in full) Cheryl Berken for Register of Deeds

Address 842 Redwood Dr Green Bay WI 54304

Daytime Phone 920-471-9110

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee, Treasurer or Candidate Date Email Address

Cheryl Berken

7-1-17

Cherylberken@gmail.com

ETHCF-2a/Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 | Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://efis.wi.gov> | Email: GABCFIS@wi.gov

End of Report



Campaign Finance Report

Short Form ETHCF-2a

Ethics ID Number

☐ Spring ☐ Fall ☐ Special ☐ Pre-Primary ☐ Continuing Report due Jan. 15, ____

☐ Spring ☐ Fall ☐ Special ☐ Pre-Election ____ ☐ Continuing Report due July 15, 2017

☐ Continuing Report due 4th Tues. Sept., ____

Jamie Blom

Name of Candidate or Committee (in full)

2883 Hillcrest Ct, Green Bay, WI 54313

Address

920-265-1272

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate

Jamie Blom

Date

6/9/17

Email Address

jineblom@hotmail.com

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End of Report



Campaign Finance Report

Short Form ETHCF-2a

Ethics ID Number

Spring ☐ Fall ☐ Special ☐ Pre-Primary ☐ Continuing Report due Jan. 15, 2017
Spring ☐ Fall ☐ Special ☐ Pre-Election ☐ Continuing Report due July 15,
Continuing Report due 4th Tues Sept.,

Patrick Buckley
Name of Candidate or Committee (in full)
3219 West Port Rd Green Bay
Address

920 497-3052 / 920 965-6501
Daytime Phone

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate Patrick Buckley Date 7-14-17 Email Address pbuckley12@yahoo.com

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Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://efis.wi.gov> | Email: GABCFIS@wi.gov

End of Report



Campaign Finance Report

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Ethics ID Number

Brown County

☐ Spring ☐ Fall ☐ Special ☐ Pre-Primary ☐ Continuing Report due Jan. 15, ☐ Continuing Report due July 15, 2017
☐ Spring ☐ Fall ☐ Special ☒ Pre-Election ☐ Continuing Report due 4th Tues Sept., ☐

Name of Candidate or Committee (in full) Eisenheine for a Better Green Bay

Address 843 Dausman St./Green Bay, WI 54303

Daytime Phone (920) 284-8493

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate

Date

Email Address

[Signature]

6/26/17

evk.b.eisenheine@gmail.com

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End of Report



CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Patrick Evans

Street Address

1692 Nancy Ave

City, State and Zip Code

Green Bay, WI 54303



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

- ☐ January Continuing _____
 ☐ Pre-Primary _____
 ☐ Spring
 ☐ Fall
 ☐ Special
 ☐ Termination Report
 also complete Schedule 4
- ☒ July Continuing *2017*
☐ Pre-Election _____
- ☐ September Continuing _____

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ <i>—</i>	\$
1B. Contributions from Committees (Transfers-In)	\$ <i>—</i>	\$
1C. Other Income and Commercial Loans	\$ <i>—</i>	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <i>—</i>	\$

2. DISBURSEMENTS

2A. Gross Expenditures	\$ <i>58.30</i>	\$
2B. Contributions to Committees (Transfers-Out)	\$ <i>—</i>	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <i>58.30</i>	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <i>1,584.06</i>
Total Receipts	\$ <i>—</i>
Subtotal	\$ <i>1,584.06</i>
Total Disbursements <i>(Checking Acct. Fees)</i>	\$ <i>58.30</i>
CASH BALANCE END OF REPORT	\$ <i>1,525.76</i>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer	Signature of Candidate or Treasurer	Date:
<i>Patrick M. Evans</i>	<i>Patrick M. Evans</i>	<i>7/11/17</i>
	Email <i>patrickevans@att.net</i>	Daytime Phone: <i>(920) 494-5224</i>

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 2-A**DISBURSEMENTS**
Gross Expenditures

Page ____ of ____

Complete Committee Name

Friends of Patrick Erans

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	<i>Checking Acct Fees</i>		<i>58.30</i>
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ *58.30*

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES

\$

TOTAL EXPENDITURES

\$ *58.30*
*2 of 2******End of Report*****

Campaign Finance Report

Ethics ID Number

Short Form ETHCF-2a

☐ Spring ☐ Fall ☐ Special Pre-Primary _____ Continuing Report due Jan. 15, _____

☐ Spring ☐ Fall ☐ Special Pre-Election _____ Continuing Report due July 15, 2017

☐ Continuing Report due 4th Tues Sept., _____

Name of Candidate or Committee (in full)

Friends of Tom Gossage

Address

2430 East Ridge Terrace G.B. WI 53111

(920) 448-4222

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate

[Signature]

Date

06/30/17

Email Address

Gossage-T1@aol.com

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |

Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfs.wi.gov> | Email: GABCFIS@wi.gov

End of Report



Campaign Finance Report

Ethics ID Number

Short Form ETHCF-2a

☐ Spring ☐ Fall ☐ Special ☐ Pre-Primary ☐ Continuing Report due Jan. 15, _____

☐ Spring ☐ Fall ☐ Special ☐ Pre-Election ☐ Continuing Report due July 15, 17

☐ Continuing Report due 4th Tues Sept., _____

Friends of Stank Bruszynski

Name of Candidate or Committee (in full)

1715 Decker Ave, Green Bay, WI 54302

Address

920-857-3425

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate

Date

Email Address

[Signature]

7-18-17

stank@stankbruszynski.com

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Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://efis.wi.gov> | Email: GABCFIS@wi.gov

End of Report



Campaign Finance Report

Short Form ETHCF-2a

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☐ Spring ☐ Fall ☐ Special ☐ Pre-Primary ☐ Continuing Report due Jan. 15, _____

☐ Spring ☐ Fall ☐ Special ☐ Pre-Election ☐ Continuing Report due July 15, 2017

☐ Continuing Report due 4th Tues Sept., _____

Sandra Juno

Name of Candidate or C

616 Dauphin St.

Address

Green Bay WI 54301

Daytime Phone

920-448-4021

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate

Date

Email Address

Sandra L. Juno

7-1-17

juno@santac@yahoo.com

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Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://efits.wi.gov> | Email: GAABCFIS@wi.gov

End of Report



CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS OF CAROL Kelso

Street Address

11320 N. CRESTVIEW

City, State and Zip Code

Fountain Hills, AZ 85268



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

- ☐ January Continuing ☐ Pre-Primary _____
☒ July Continuing 2017 ☐ Spring ☐ Fall ☐ Special
☐ September Continuing _____ ☐ Pre-Election _____ ☐ Termination Report
 also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

1A. Contributions (Including Loans) from Individuals

\$

\$

1B. Contributions from Committees (Transfers-In)

\$

\$

1C. Other Income and Commercial Loans

\$

\$

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$

\$

2. DISBURSEMENTS

2A. Gross Expenditures

\$

\$

2B. Contributions to Committees (Transfers-Out)

\$

1,000

\$

1,000

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$

\$

CASH SUMMARY

Cash Balance Beginning of Report

\$

4856.85

Total Receipts

\$

Subtotal

\$

Total Disbursements

\$

1012

CASH BALANCE END OF REPORT

\$

3844.85

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$

LOANS (Balance at the Close of This Period-3B)

\$

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

CAROL KELSO

Signature of Candidate or Treasurer

Carol Kelso

Date:

July 24, 2017

Email

Daytime Phone: 480.584.3678

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 2-B
DISBURSEMENTS
Contributions To Committees
(Transfers-Out)

Page ____ of ____

Complete Committee Name

FRIENDS OF CAROL

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Committee Ethics ID Number	Amount	Y-T-D Total
4/25	<i>Glenn Grotzman for Congress</i> Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		<i>1,000</i>	<i>1,000</i>
4/28	<i>US BANK</i> Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	<i>Bank fee</i>	<i>5.00</i>	
5/31	<i>US BANK</i> Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	<i>Bank fee</i>	<i>7.00</i>	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE			\$ <i>1,012</i>	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES			\$ <i>1,000</i>	

2 of 2
*****End of Report*****

Campaign Finance Report

Short Form ETHCF-2a

Ethics ID Number

☐ Spring ☐ Fall ☐ Special ☐ Pre-Primary ☐ Continuing Report due Jan. 15, ____

☐ Spring ☐ Fall ☐ Special ☐ Pre-Election ____ ☐ Continuing Report due July 15, 2017

☐ Continuing Report due 4th Tues Sept., ____

Name of Candidate or Committee (in full)

Thomas Lund

Address

2091 May Lane, Sunnyside WI 54303
 (920) 592-2663

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate

[Signature]

Date

5-12-17

Email Address

lundtree4@netzero.net

ETHCF-2a Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |

Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cts.wi.gov> | Email: GABCFIS@wi.gov

End of Report



**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

MOYNIHAN COMMITTEE FOR RESPONSIBLE GOVERNMENT

Street Address

2444 BARCOCK ROAD

City, State and Zip Code

ASHWAUBENON, WI 54313



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing _____ ☐ Pre-Primary _____
☒ July Continuing 2017 ☐ Spring ☐ Fall ☐ Special
☐ September Continuing _____ ☐ Pre-Election _____ ☐ Termination Report also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ —	\$ —
1B. Contributions from Committees (Transfers-In)	\$ —	\$ —
1C. Other Income and Commercial Loans	\$ —	\$ —
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ —	\$ —

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 25.00	\$ 50.00
2B. Contributions to Committees (Transfers-Out)	\$ —	\$ —
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 25.00	\$ 50.00

CASH SUMMARY

Cash Balance Beginning of Report	\$ 225.00
Total Receipts	\$ —
Subtotal	\$ 225.00
Total Disbursements	\$ 25.00
CASH BALANCE END OF REPORT	\$ 200.00
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ —
LOANS (Balance at the Close of This Period-3B)	\$ —

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

PATRICK W. MOYNIHAN, JR.

Signature of Candidate or Treasurer

Patrick Moynihan
Email patrickmoynihan@gmail.com

Date:

06/12/17

Daytime Phone:

920.593.4411

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 2-A**DISBURSEMENTS**
Gross ExpendituresPage 1 of 1

Complete Committee Name

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
5/30/17	NICOLET NATIONAL BANK P.O. BOX 23900 GREEN BAY, WI 54305-3900 Check if: <input type="checkbox"/> In-Kind Offset	SERVICE CHARGES	25.00
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 25.00

TOTAL ITEMIZED EXPENDITURES

\$ 25.00

TOTAL UNITEMIZED EXPENDITURES

\$ —

TOTAL EXPENDITURES

\$ 25.00

*****End of Report*****

2 of 2

Campaign Finance Report
Short Form ETHCF-2a

Ethics ID Number

☐ Spring ☐ Fall ☐ Special ☐ Pre-Primary ☐ Continuing Report due Jan. 15, _____

☐ Spring ☐ Fall ☐ Special ☐ Pre-Election ☐ Continuing Report due July 15, 2017

☐ Continuing Report due 4th Tues Sept., _____

Name of Candidate or Committee (in full)

ANDY NEBELSON
800 Venus Dr.

Address

Green Bay WI 54311

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

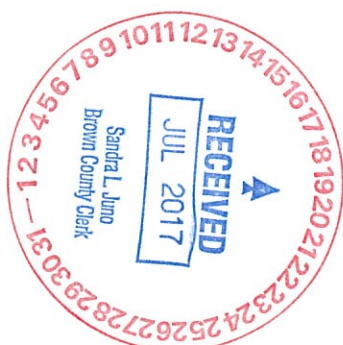
Signature of Committee Treasurer or Candidate

Date

Email Address

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |
Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: GABCFIS@wi.gov

End of Report



Ethics ID Number

Short Form ETHCF-2a

Pre-Primary _____

Continuing Report due Jan. 15, _____

Spring _____

Fall _____

Special _____

Pre-Primary

Continuing Report due Jan. 15,

P Spring P Fall P Special Pre-Election _____
 P Continuing Report due July 15, 11/15/11

Pre-Election

Continuing Report due July 15, 1/

Continuing Report due 4th Tues Sept., _____

Name of Candidate or Committee (in full)

Address

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.010(3)(d), Stats.

Signature of Committee Treasurer or Candidate

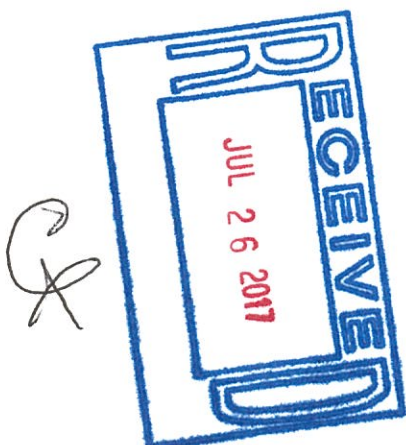
Date _____

Email Address

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfls.wi.gov> | Email: GABCFIS@wi.gov

*****End of Report*****



Campaign Finance Report

Ethics ID Number

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☐ Spring ☐ Fall ☐ Special Pre-Primary _____ ☐ Continuing Report due Jan. 15, _____

☐ Spring ☐ Fall ☐ Special Pre-Election _____ ☐ Continuing Report due July 15, 2017

☐ Continuing Report due 4th Tues Sept., _____

Name of Candidate or Committee (in full)

Citizens for Sieber
480 Muskers Lane

Address

920 680.6366

Daytime Phone

I certify that the above named committee or candidate did not receive contributions or other income, make disbursements, or incur obligations during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills filing requirements under Sec. 11.0103(3)(d), Stats.

Signature of Committee Treasurer or Candidate

[Signature]

Date

7-15-17

Email Address

Sieber For Supervisor @ Gmail.com

ETHCF-2a | Rev 01/2016 | Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 |

Phone: 608-261-2028 | Fax: 608-264-9319 | Web: <https://cfis.wi.gov> | Email: GABCFIS@wi.gov

End of Report



CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Street Address

City, State and Zip Code



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

- ☐ January Continuing _____ ☐ Pre-Primary _____ ☐ Spring ☐ Fall ☐ Special
☒ July Continuing 2017 ☐ Pre-Election _____ ☐ Termination Report
☐ September Continuing _____ also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$	\$
1B. Contributions from Committees (Transfers-In)	\$	\$
1C. Other Income and Commercial Loans	\$	\$
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ <u>0</u>	\$ <u>0</u>

2. DISBURSEMENTS

2A. Gross Expenditures	\$ <u>217.24</u>	\$
2B. Contributions to Committees (Transfers-Out)	\$	\$
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ <u>217.24</u>	\$

CASH SUMMARY

Cash Balance Beginning of Report	\$ <u>34179.21</u>
Total Receipts	\$ <u>—</u>
Subtotal	\$ <u>34179.21</u>
Total Disbursements	\$ <u>217.24</u>
CASH BALANCE END OF REPORT	\$ <u>33961.97</u>
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$
LOANS (Balance at the Close of This Period-3B)	\$ <u>5427.82</u>

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer <u>Troy Streckenbach</u>	Signature of Candidate or Treasurer 	Date: <u>7/19/17</u>
	Email: <u>[Signature]</u>	Daytime Phone: <u>288-2231</u>

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page 1 of 1

RECEIVED
JUL 2017

Complete Committee Name

Streckenbach for Brown County Executive

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1/3/17	14455 N. Hayden Rd. Go Daddy Scottsdale, AZ 85260	web hosting	217.24
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$

TOTAL ITEMIZED EXPENDITURES

\$

TOTAL UNITEMIZED EXPENDITURES

\$

TOTAL EXPENDITURES

\$ 217.24

2 of 2

End of Report

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of VanderLeest

Street Address

1422 Beech Tree Dr

City, State and Zip Code

Green Bay, WI 54304



Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing

☐ Pre-Primary

☐ Spring

☐ Fall

☐ Special

☐ Termination Report
also complete Schedule 4

☒ July Continuing 2017

☐ September Continuing

☐ Pre-Election

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

1A. Contributions (Including Loans) from Individuals

\$ 5,240

\$ 5,240

1B. Contributions from Committees (Transfers-In)

\$ -

\$ -

1C. Other Income and Commercial Loans

\$ -

\$ -

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ 5,240

\$ 5,240

2. DISBURSEMENTS

2A. Gross Expenditures

\$ 925.31

\$ 925.31

2B. Contributions to Committees (Transfers-Out)

\$ -

\$ -

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ 925.31

\$ 925.31

CASH SUMMARY

Cash Balance Beginning of Report

\$ 2712.56

Total Receipts

\$ 5,240.00

Subtotal

\$ 7952.56

Total Disbursements

\$ 925.31

CASH BALANCE END OF REPORT

\$ 7,027.25

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$ 0.00

LOANS (Balance at the Close of This Period-3B)

\$ 0.00

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

John A. VanderLeest

Signature of Candidate or Treasurer

John VanderLeest

Date:

7/15/17

Email

Daytime Phone:

920-737-0999

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

Complete Committee Name

Friends of VanderKleef

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
5/26/17	Glen Schwalbach 1090 Moon River DR De Pere, WI 54115 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Consultant	40.00	40.00
5/25/17	Tom Sladek 2634 Sequoia Ln Green Bay, WI 54313 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	GB City Council	30.00	30.00
5/25/17	Dennis & Darlene Marcelle 1832 Fiesta Ln Green Bay, WI 54302 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	35.00	35.00
5/24/17	Ryan Kuehn 3486 Highland Center Dr Green Bay, WI 54311 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Kuehn Printing VP	30.00	30.00
5/25/17	Rob Miller 227 S. Van Buren St Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Attorney	30.00	30.00
5/25/17	Tom Leuthner 1792 E. Mason St Green Bay, WI 54302 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	30.00	30.00
5/17/17	Susan Van Bortel 1731 Lost Dauphin Rd De Pere, WI 54115 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	30.00	30.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 225.00 225.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 225.00 225.00

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ - -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 225.00 225.00

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page 2 of 7
RECEIVED
JUL 2017

Complete Committee Name

Friends of VanderLeest

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Sandra L. Y.-D Brown County Total
5/1/17	Craig Janssen 2649 Development Dr GB, WI 54311 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Dentist	\$125.00	\$125.00
5/3/17	Rich Heidel 667 Hickory Dr Hobart, WI Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Village of Hobart	\$125.00	\$125.00
5/2/17	Dr. Robert Goltz 1052 Bel Aire Ct Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Dentist	\$125.00	\$125.00
5/2/17	Gary Fauchild 1444 Fox River Dr De Pere, WI 54115 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Business Owner	\$125.00	\$125.00
5/5/17	Paul & Linda Koch 3680 Ponds Edge Ct De Pere, WI 54115 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	\$125.00	\$125.00
5/2/17	John & Donna West 1119 Crown Pointe Circle St. Amico, WI 54173 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Business owner	\$125.00	\$125.00
5/8/17	John Papel N4893 County Rd C Kewaunee, WI 54216 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Business owner	\$125.00	\$125.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 875.00 \$875.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 875.00 875.00

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ - -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 875.00 875.00

3 of 10

Complete Committee Name

Friends of Vandee Leest

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
5/13/17	Mark Ghaul 726 Meadowbrook Ct Green Bay, WI 54313 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Consultant	\$125.00	\$125.00
5/5/17	Fran Frigo 1245 Outward Ave De Pere, WI 54115 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	\$250.00	\$250.00
5/1/17	Jay Hamann 558 Pinehurst Ave Green Bay, WI 54302 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	\$250.00	\$250.00
5/9/17	Jordan Shaline 2584 Tulip Ln Green Bay, WI 54313 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Shaline Properties	\$250.00	\$250.00
5/10/17	Candace Ziegelbauer 1934 E. Telemark Circle Green Bay, WI 54313 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	\$125.00	\$125.00
5/24/17	Jessie Sheri Dhein 2555 Parkwood Dr Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	\$250.00	\$250.00
5/2/17	David Charles 5845 Shore Acres Rd New Franken, WI 54229 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Business owner	\$250.00	\$250.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 1,500 1,500

TOTAL ITEMIZED CONTRIBUTIONS

\$ 1,500 1,500

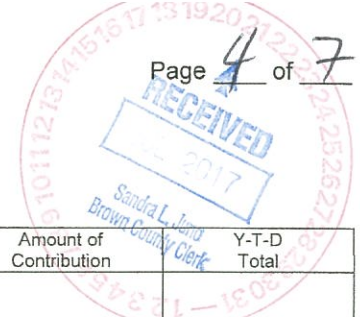
TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ - -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 1,500 1,500

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page 4 of 7


Complete Committee Name

Friends of Vanderleest

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
5/11/17	Paul Schierl 111 N. Washington St Suite 450 Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	\$250.00	\$250.00
5/20/17	Chad Fairchild 997 Daffodil DR De Pere, WI 54115 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Fairchild Equipment	\$50.00	\$50.00
5/30/17	Joel & Christine Newhouse 7917 Jewel DR Neenah, WI 54956 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Business owner	\$100.00	\$100.00
6-12-17	Karl Van Roy 805 Riverview DR Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	\$30.00	\$30.00
6-18-17	John & Julie May 3299 Lime Kiln Rd Green Bay, WI 54311 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Bay title	\$100.00	\$100.00
5/20/17	Andy Williams 2100 S. Oneida St Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Attorney	\$150.00	\$150.00
5/21/17	John S. Vanderleest 1625 Vernon Ct Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Business owner	\$100.00	\$100.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 780.00 780.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 780.00 780.00

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ - -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 780.00 780.00

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SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page 5 of 7

Complete Committee Name

Friends of Vander Leest

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
5/24/17	Gary Lapp 2537 Forestville DR Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	\$50.00	\$50.00
5/15/17	John Hartman 1521 Belle Plaine Circle Green Bay, WI 54313 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Visonex	\$50.00	\$50.00
5/25/17	Mike Marquette PO Box 28274 Green Bay, WI 54324-0274 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Attorney	\$100.00	\$100.00
5/17/17	Brad Grant 506 Redbird Circle De Pere, WI 54115 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Insurance Agent	\$100.00	\$100.00
5/17/17	Errico Auricchio 337 Greene Ave Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Business owner	\$100.00	\$100.00
5/2/17	John Hurckman 1133 S. Monroe Ave Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Hurckman Mechanical	\$125.00	\$125.00
5/25/17	Dave Nelson 425 Scott Dr Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	\$50.00	\$50.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 575.00 575.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 575.00 575.00

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ - -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 575.00 575.00

1 of 10

Complete Committee Name

Friends of Vander Leest

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
5/22/17	Paul Belschner 943 Oakmont Ct Oneida, WI 54155 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Business owner	\$30.00	30.00
5/12/17	Ruth Elmer 427 Hidden Ridge Way Combined Locks, WI 54113 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	\$25.00	\$25.00
5/23/17	Sandy Juno 616 Dauphin St Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Brown County Clerk	\$25.00	\$25.00
5/25/17	Evan Hucek 1052 Amberly Trail Green Bay, WI Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#		\$20.00	\$20.00
4/11/17	Peter Reines 2451 Lost Dauphin Rd De Pere, WI 54115 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	\$125.00	\$125.00
5/1/17	John & Pat Hickey 1437 Traeger St Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	\$125.00	\$125.00
4/12/17	Jim O'heil 403 S. Jefferson St Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Attorney	\$125.00	\$125.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 475.00 475.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 475.00 475.00

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ - -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 475.00 475.00

SCHEDULE 1-A
RECEIPTS
Contributions (Including Loans) From Individuals

Page 7 of 7

Complete Committee Name

Friends of Vander Leest

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
5/19/17	Bob Toonen Po Box 9017 Green Bay, WI 54308-9017 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Business Owner Toonen Properties	\$500.00	\$500.00
5/25/17	Vern & Judy Krawczyk 2495 Manitowoc Rd Green Bay, WI 54311 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	\$60.00	\$60.00
5/20/17	Eric Wimberger Po Box 1894 Green Bay, WI 54305 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Attorney	\$50.00	\$50.00
5/25/17	Kathy Pletcher 515 Sunset Court Dewaunee, WI 54208 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	\$50.00	\$50.00
5/19/17	Ed Thompson 4851 Bonita Bay Blvd Unit 2004 Bonita Springs, FL 34134 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	\$50.00	\$50.00
5/18/17	Marian Krumberger 3196 Harbor Winds Dr Suamico, WI 54173 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Retired	\$50.00	\$50.00
5/25/17	David Lasee 1813 N. Sun Kist Circle De Pere, WI 54115 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit - Ethics ID#	Brown County DA	\$50.00	\$50.00

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 810.00 810.00

TOTAL ITEMIZED CONTRIBUTIONS

\$ 810.00 810.00

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$ -

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 810.00 810.00

8 of 10

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

Page 1 of 2

Complete Committee Name

Friends of Vander Leest

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
4/24/17	Office Depot 2817 S. Onoda St Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	Envelopes, paper	\$47.23
4/27/17	USPS 118 N. Monroe Ave Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	Stamps	\$194.53
5/13/17	Sam's Club 2470 W. Mason St Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	Paper, ^{office} Supplies	\$106.30
5/14/17	Office Depot 2817 S. Onoda St Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	Envelopes paper	\$57.73
5/15/17	USPS 118 N. Monroe Ave Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	Stamps	\$98.00
5/15/17	Cumins Subs 1905 S. Webster Ave Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	Subs for volunteers	\$18.55
5/25/17	Fed Ex office 2279 S. Onoda St Green Bay, WI 54304 Check if: <input type="checkbox"/> In-Kind Offset	Poster for event	\$23.63
5/28/17	Sam's Club 2470 W. Mason St Green Bay, WI 54303 Check if: <input type="checkbox"/> In-Kind Offset	Candy for parade	\$46.50

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 592.47

TOTAL ITEMIZED EXPENDITURES

\$ 592.47

TOTAL UNITEMIZED EXPENDITURES

\$ —

TOTAL EXPENDITURES

\$ 592.47

9 of 10

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page 2 of 2

Complete Committee Name

Friends of Vander Leest

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
5/25/17	Mackinaw 2925 Voyager Dr Green Bay, WI 54311 Check if: <input type="checkbox"/> In-Kind Offset	Fundraiser Room, food and drink	\$317.12
5/31/17	USPS 118 N. Monroe Ave Green Bay, WI 54301 Check if: <input type="checkbox"/> In-Kind Offset	Stamps	\$15.72
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

\$ 332.84

TOTAL ITEMIZED EXPENDITURES

\$ 332.84

TOTAL UNITEMIZED EXPENDITURES

\$ -

TOTAL EXPENDITURES

\$ 925.31

End of Report

10 of 10

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Williquette Lindsay

Street Address

719 Fredrick Ct Apt. 6

City, State and Zip Code

Green Bay WI 54313

OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☒ July Continuing 2017 ☐ Pre-Election
☐ September Continuing

☒ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 400.00
1B. Contributions from Committees (Transfers-In)	\$ 0	\$ 0
1C. Other Income and Commercial Loans	\$ 0	\$.38
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	\$ 0	\$ 400.38

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 295.30	\$ 3203.10
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 0
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ 295.30	\$ 3203.10

CASH SUMMARY

Cash Balance Beginning of Report	\$ 295.30
Total Receipts	\$ 0
Subtotal	\$ 295.30
Total Disbursements	\$ 295.30
CASH BALANCE END OF REPORT	\$ 0
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)	\$ 0
LOANS (Balance at the Close of This Period-3B)	\$ 0



I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date: 6-30-2017

Cathy Williquette Lindsay

Cathy Williquette Lindsay

Email

Daytime Phone: 920-619-3069

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name

Friends of Williquette Lindsay

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation (if year-to-date total exceeds \$200)	Amount of Contribution	Y-T-D Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit – Ethics ID# _____			

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$

TOTAL ITEMIZED CONTRIBUTIONS

\$

TOTAL ANONYMOUS CONTRIBUTIONS \$10 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$

2 699

SCHEDULE 1-B

RECEIPTS Contributions from Committees (Transfers-In)

Page ____ of ____

Complete Committee Name
Friends of Willionette Lindsay

Instructions for completing schedules are on the back of each schedule.

Date	Full Name of Committee, Mailing Address and Zip Code	Committee Ethics ID Number	Amount of Contribution
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE			\$
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES			\$

SCHEDULE 1-C

RECEIPTS
Other Income and Commercial Loans

Page ____ of ____

Complete Committee Name

Friends of Williouette Lindsay

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount

SUBTOTAL OTHER INCOME THIS PAGE

\$

TOTAL ITEMIZED OTHER INCOME

\$

TOTAL OTHER INCOME

\$

SCHEDULE 2-A

DISBURSEMENTS Gross Expenditures

Page 1 of 1

Complete Committee Name

Friends of Williquette Lindsay

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
1-3-2017	<i>Cathy Williquette Lindsay</i> <i>719 Fredrick Ct Apt 6</i> <i>Green Bay WI 54313</i> Check if: <input checked="" type="checkbox"/> In-Kind Offset	<i>Repay Loan</i>	<i>295.30</i>
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE \$ *295.30*

TOTAL ITEMIZED EXPENDITURES \$ *295.30*

TOTAL UNITEMIZED EXPENDITURES \$ *0*

TOTAL EXPENDITURES \$ *295.30*

SCHEDULE 2-B

DISBURSEMENTS Contributions To Committees (Transfers-Out)

Page ____ of ____

Complete Committee Name

Friends of Williquette Lindsey

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Committee Ethics ID Number	Amount	Y-T-D Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan			
SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE			\$	
TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES			\$	

SCHEDULE 3-A
**Incurred Obligations Excluding Loans
ADDITIONAL DISCLOSURE**

Page 1 of 1

Complete Committee Name

Friends of Williquette Lindsay

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Creditor	Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
1/3/2017		349.72	0	295.30	54.42
		Nature of Debt (Purpose) <i>Campaign Loan</i>			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			
/ /					
		Nature of Debt (Purpose)			

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE

\$ 0

TOTAL ITEMIZED OBLIGATIONS

\$ 0

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS

\$ 0

TOTAL INCURRED OBLIGATIONS

\$ 0

1 of 9

SCHEDULE 3-B

Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

Page ____ of ____

Complete Committee Name

Friends of Williquette Lindsey

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Amount Guaranteed Outstanding \$			
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Amount Guaranteed Outstanding \$			
Date / /	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Amount Guaranteed Outstanding \$			
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Amount Guaranteed Outstanding \$			
Date / /	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Obligations Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Obligations End of This Period
List All Endorsers or Guarantors (if any)					
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Amount Guaranteed Outstanding \$			
Full Name, Mailing Address and Zip Code of Guarantor		Occupation			
		Amount Guaranteed Outstanding \$			

SUBTOTAL OUTSTANDING LOANS THIS PAGE \$

TOTAL OUTSTANDING LOANS \$

8 of 9

SCHEDULE 4**TERMINATION REQUEST**

Complete Committee Name

Friends of Williquette Lindsay

- A committee may terminate its registration and reporting requirements if the committee will no longer receive contributions, make disbursements or incur obligations, and the cash balance and obligations have been reduced to zero.
- Candidates may not terminate prior to the election in which they are participating.
- Please read carefully and, if necessary, indicate how residual committee funds have been disposed of or if outstanding loans or obligations have been forgiven. Sign and date the termination request at the bottom of this page.
- Make sure the termination box on the cover page of this report is checked.
- Please note: An audit must be completed and all obligations, including settlement offers, fulfilled before termination can be granted. All records must be maintained until 3 years after the date of an election in which the registrant participates, even if termination is granted. (Per Wis. Stats. 11.0201(4), 11.0301(4), 11.0401(4), 11.0501(4), 11.0601(4), 11.0801(4), 11.0901(4))

DISPOSAL OF RESIDUAL FUNDS*THIS INFORMATION SHOULD ALSO BE INCLUDED ON SCHEDULE 2-A AND/OR 2-B.*

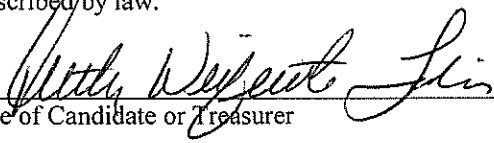
Date	Recipient	Amount

LOAN OR DEBT FORGIVENESS*I hereby forgive all personal loans or have assumed responsibility for any and all debts of my campaign committee.*

Date	Endorser, Guarantor, or Creditor	Amount
6-27-2017	Cathy Williquette Lindsay	54.42

TERMINATION REQUEST. I hereby request that the committee registration be terminated. I declare that the committee has not incurred any obligations and does not anticipate incurring any. The committee does not anticipate receiving any further contributions or making any disbursements. I further state that the cash balance has been reduced to zero and that all remaining funds have been disposed of in the manner prescribed by law.

Signature of Candidate or Treasurer



Date

6-30-2017

*****End of Report*****